

* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

Application # 17628

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Telephone Number 910-893-7525 www.harnett.org
Application for Building and Trade Permit

Owner's Name: S+K Homes Date: 5-25-07
Address: 4609 Forest Highland Dr. Ral, NC 27604 Phone: 919-625-0363
Directions to job site from Lillington: 27 W / (D) on Appleton Way

Subdivision: Laurel Valley Lot: 43

Construction Type: (Please Check) Building Use: (Please Check)
 New Moved House Residential Commercial
 Renovation Addition Other Modular Multi-Family

Total Project Cost: _____ Description of Proposed Work: _____
General Contractor Information
Heated SF 2141 Crawl Space () Building Construction Cost \$ 87,000
Unheated SF 576 Slab (X) Acres Disturbed _____ Stories 2
Steve Jernigan 919-625-0363

Building Contractor's Company Name Telephone
4609 Forest Highland Dr., Raleigh, NC 27604 53365
Address License #

Steve Jernigan
Signature of Owner/Contractor/Officer(s) of Corporation - Must sign back of form & workers comp

Electrical Permit Information
Description of Work New Electrical Cost \$ _____
TS Pole: Yes (X) No () Underground (X) Overhead ()
Permanent Service: Underground (X) Overhead () Service Size: 200 Amps
Wester & Pace 919-499-5389
Electrical Contractor's Company Name Telephone

546 Leslie Dr. Sanford, NC 1200-76
Address License #

William Wester
Signature of Officer(s) of Corporation

Mechanical Permit Information
Description of Work New
Number of Units 1 Type System Heat Pump Mechanical Cost \$ _____
Jacksons Heating + Air 910-891-5410
Mechanical Contractor's Company Name Telephone

PO Box 82 Benson, NC 23670
Address License #

David Jackson
Signature of Officer(s) of Corporation

Plumbing Permit Information
Description of Work New
Number of Baths 2 1/2 Plumbing Cost \$ _____
LR Glover Plumbing Inc. 910-820-0026
Plumbing Contractor's Company Name Telephone

PO Box 764 Benson, NC 27504 07958
Address License #

Lee Glover
Signature of Officer(s) of Corporation

Insulation Permit Information Residential () Other () Not Required ()
TRI CITY Insulation 418 Person St. Fay, NC 910 486-8855
Insulation Contractor's Company Name & Address Telephone

Sprinkler System Information - Commercial

_____ Sprinkler Contractor's Company Name	_____ Telephone
_____ Contact Person	
_____ Address	_____ License #
_____ Signature of Officer(s) of Corporation	

Fire Alarm System Information - Commercial

_____ Fire Alarm Contractor's Company Name	_____ Telephone
_____ Contact Person	
_____ Address	_____ License #
_____ Signature of Officer(s) of Corporation	

Driveway Access

NC Department of Transportation Driveway Access/Permit? Yes ___ No ___

I hereby certify that I have the authority to make necessary application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the above contractors is correct as known to me and if any changes occur including listed contractors, site plan, building and trade plans, Environmental Health permit changes or proposed use changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes.

_____ <i>She Perin</i>	_____ 5-25-07
Signature of Owner/Contractor/Officer(s) of Corporation	Date

**Affidavit for Worker's Compensation
N.C.G.S. 87-14**

The undersigned applicant for Building Permit # _____ being the:

- Contractor
- Owner
- Officer/Agent of the Contractor or Owner

Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

- Has/have three (3) or more employees and has/have obtained workers' compensation insurance to cover them.
- Has/have one (1) or more subcontractors(s) and has/have obtained workers' compensation insurance to cover them.
- Has/have one (1) or more subcontractors(s) who has/have their own policy of workers' compensation insurance covering themselves.
- Has/have not more than two (2) employees and no subcontractors.

While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.

Firm Name: S+K Homes

By/Title: Steve Jensen

Date: 5-25-07

Plan Box Number F-5

Job Name S & K

Date: 5-30-07

Required Inspections for SFA/SFD

Appl. # 0750017628
Valuation \$176,527
Sq. Feet 2717

Sequence

10	<u> / </u>	R* Bldg. Footing
10-30	<u> / </u>	R* Elec. Temp Service Pole
20	<u> / </u>	R* Building Foundation
20	<u> </u>	Address Confirmation
30-999	<u> </u>	Open Floor
30-999	<u> / </u>	R* Bldg. Slab Insp.
30-999	<u> </u>	R* Elec. Under Slab
30-999	<u> / </u>	R* Plumb. Under Slab
40	<u> </u>	Four Trade Rough In
40	<u> / </u>	Four Trade Rough In > 2500
40	<u> </u>	Three Trade Rough In
40	<u> </u>	Three Trade Rough In > 2500
40	<u> </u>	Two Trade Rough In
40	<u> </u>	Two Trade Rough In > 2500
40	<u> </u>	One Trade Rough In
40	<u> </u>	One Trade Rough In > 2500
50	<u> / </u>	R* Insulation
60	<u> </u>	Four Trade Final
60	<u> / </u>	Four Trade Final > 2500
60	<u> </u>	Three Trade Final
60	<u> </u>	Three Trade Final > 2500
60	<u> </u>	Two Trade Final
60	<u> </u>	Two Trade Final > 2500
60	<u> </u>	One Trade Final
60	<u> </u>	One Trade Final > 2500
999	<u> / </u>	Envir. Operations Permit